

Healthy Families Program Dental Plan Fact Sheet

2005-06 Contract Period

If you have any questions regarding this form, please contact Dinorah Torza at (916) 323-2072.

Plan Name: _____

Plan contact person for follow up information: _____
(Name and phone number)

1. Please complete the General Care Dentists chart below.

General Care Dentists	2002	2003	2004
Total number of general care dentists in the provider network as of January 1 st .	# _____	# _____	# _____
Number of general care dentists added to the provider network during the calendar year. (Indicate number and percentage.)	# _____	# _____	# _____
	% _____	% _____	% _____
Number of general care dentists that left the provider network during the calendar year. (Indicate number and percentage.)	# _____	# _____	# _____
	% _____	% _____	% _____
Total number of general care dentists in the provider network as of December 31 st .	# _____	# _____	# _____

2. Please complete the Specialists Dentists chart below.

Specialists Dentists	2002	2003	2004
Total number of specialists dentists in the provider network as of January 1 st .	# _____	# _____	# _____
Number of specialist dentists added to the provider network during the calendar year. (Indicate number and percentage.)	# _____	# _____	# _____
	% _____	% _____	% _____
Number of specialists dentists that left the provider network during the calendar year. (Indicate number and percentage.)	# _____	# _____	# _____
	% _____	% _____	% _____
Total number of specialists dentists in the provider network as of December 31 st .	# _____	# _____	# _____

3. Please complete the Pedodontists chart below.

Pedodontists	2002	2003	2004
Total number of pedodontists in the provider network as of January 1 st .	# _____	# _____	# _____
Total number of pedodontists in the provider network who were general care dentists as of January 1st.	# _____	# _____	# _____
Number of pedodontists added to the provider network during the calendar year. (Indicate number and percentage.)	# _____	# _____	# _____
	% _____	% _____	% _____
Number of pedodontists added to the provider network as general care dentists during the calendar year. (Indicate number and percentage.)	# _____	# _____	# _____
	% _____	% _____	% _____
Number of pedodontists that left the provider network during the calendar year. (Indicate number and percentage.)	# _____	# _____	# _____
	% _____	% _____	% _____
Number of pedodontists who were general care dentists that left the provider network during the calendar year. (Indicate number and percentage.)	# _____	# _____	# _____
	% _____	% _____	% _____
Total number of pedodontists in the provider network as of December 31 st .	# _____	# _____	# _____
Total number of pedodontists in the provider network who were general care dentists as of December 31 st .	# _____	# _____	# _____

4. Please complete the Dental Plan General Care Dentists Network Capacity Chart. This chart requires plans to list the percentage of providers accepting new patients and the estimated number of members that the providers can serve by county as of January 1, 2005

Dental Plan General Care Dentists Network Capacity Chart				
Dental Plan Name:				
COUNTY	Number of General Care Dentists treating Children & Adolescents	Number of General Care Dentists accepting new child & adolescent patients	Percentage of General Care Dentists accepting new patients	Estimated number of patients that can be served in each county
Alameda				
Alpine				
Amador				
Butte				
Calaveras				
Colusa				
Contra Costa				
Del Norte				
El Dorado				
Fresno				
Glenn				
Humboldt				
Imperial				
Inyo				
Kern				
Kings				
Lake				
Lassen				
Los Angeles				
Madera				
Marin				
Mariposa				
Mendocino				
Merced				
Modoc				
Mono				
Monterey				
Napa				
Nevada				
Orange				
Placer				
Plumas				
Riverside				
Sacramento				
San Benito				
San Bernardino				
San Diego				
San Francisco				
San Joaquin				
San Luis Obispo				
San Mateo				
Santa Barbara				
Santa Clara				
Santa Cruz				
Shasta				
Sierra				
Siskiyou				
Solano				
Sonoma				
Stanislaus				
Sutter				
Tehama				
Trinity				
Tulare				
Tuolumne				
Ventura				
Yolo				
Yuba				

5. Please respond to the following questions and describe the process used for delivering dental services.

I. General Care Dentist Assignment	
a)	Will the plan require a member to have a dental primary care provider (PCP) in order to access services?
b)	How often can members change their dental PCP in one benefit year?
c)	If the plan assigns a dental PCP, describe how the plan will meet the contractual requirement to use a fair and equitable method of automatic dental PCP assignment which will include the geographic accessibility and language capability of providers in your network if the member does not select a primary care dentist. (See Exhibit A, Item II.F.)
d)	Will the plan allow Pedodontists to be the dental PCP?
II. Members Access to Services	
a)	Describe how your plan will implement the contractual requirement to include information to new members regarding how to access dental services. (See Exhibit A, Item E.1.a.)
b)	Describe the process for accessing a dental specialist in the plan.
c)	Describe the process for accessing a dentist for emergency dental care after normal business hours? (This can include a 24 hour advice line.)
d)	Describe how the plan will assure that children will be seen for their dental care needs. What steps will be taken to assure that all members have annual dental check-ups?
III. Average Waiting Time for Appointments (for currently participating plans)	
a)	What is the average length of time between requesting an appointment and being seen for a dental check-up?
b)	What is the average length of time between identification of the need for follow-up dental care and being seen for follow-up dental treatment?
c)	What accessibility guarantees are required in your plan's contracts with providers? (Wait time for appointments, language capabilities, hours of operation.)

IV. Member Cost Sharing
a) Describe the arrangement the plan has with providers to provide for extended payment plans for members utilizing a significant number of dental services for which copayments are required.
b) Describe how the plan will implement the federal government's requirement to exempt American Indian and Alaska Native children in HFP from all copayments in the program.
V. Member Complaints and Grievances
a) Describe the plan's policies and procedures for the submittal, processing and resolution of member complaints and grievances. Please include the plan's mechanism for documenting, tracking and ensuring that member's complaints and grievances will be acknowledged and responded to within the required timeframes.
b) How will the plan contact the member/applicant regarding complaints? (For example, through the use of staff dedicated to members on complaints /grievances.) Include the process for how non-English speaking members will be assisted.
VI. Member Services
a) How will the plan monitor and evaluate call waiting time and the busy or abandonment rates on your customer service phone lines?
b) Describe how the plan will determine if there is sufficient bilingual staff on the telephone lines to serve the members in all the threshold languages.
c) Describe the system that will be used to ensure compliance with the contractual requirement to provide an Identification Card, Provider Directory and Evidence of Coverage booklet to applicants, on behalf of members, no later than the member's effective date of coverage. For currently participating plans: Please attach to the completed fact sheet a copy of a sample internal report used by your plan to track your performance in this area.

6. Describe any agreements contemplated or in progress between the plan and other parties which may affect the plan's ownership, corporate structure or management during the January 2005 through June 2006 time period (as allowed by State and Federal Law).

7. Describe any restrictions or pending reviews by state (including the Medi-Cal program) or federal authorities for non-compliance with state or federal regulations or contracts for medical services.

This 2005 Dental Plan Fact Sheet for the Healthy Families Program must be signed by the person authorized to sign the dental plan's contract.

To the best of my knowledge, all statements and data reported by _____ (dental plan) in this Dental Plan Fact Sheet 2005/2006 for the Healthy Families Program are true and accurate. I understand that all responses to questions included in the Fact Sheet, except items # 6 and # 7, may be included in comparative charts in the Healthy Families Program brochure or other public documents produced by MRMIB.

Signed

Name

Title

Date